

(Sketch by J. H. Means, '11)

BULFINCH BUILDING
MASSACHUSETTS GENERAL HOSPITAL

The Bulfinch Building

By J. H. MEANS, '11

(*Editor's Note.*—The construction of the White Building, described by Dr. Churchill in the BULLETIN of January 1940, has allowed an expansion of the medical services of the Massachusetts General Hospital. Dr. Means here describes what he has termed: "an internist's paradise").

A few years ago a charming Mexican physician, Dr. Francisco Miranda, made ward rounds at the Massachusetts General Hospital. Pausing afterward before the Bulfinch Building he asked about its history. On being told that it was the third oldest hospital in the United States and had received its first patient in 1821, he gently replied that his hospital in Mexico City had been opened in 1540. It was founded by Cortes! Four centuries against less than one and a quarter. Nevertheless, for our young country, the Bulfinch is a venerable building and within its gray granite walls, in its 120 years of service, a commendable share of the world's medical progress has been made.

Several times it has been enlarged. In 1847 its size was nearly doubled by extending the main wings east and west to as much again as their original length. In 1924 the East Wing was enlarged by the building of an ell behind, and by changes which gave a useful basement and attic. These changes were to provide facilities for a modern teaching and research medical clinic. In 1926 a similar treatment was carried out in the West Wing to meet the needs of a development in surgery, similar to that in medicine.

At the time this reconstruction was in progress, a former Trustee of the hospital, not particularly fond of tradition, remarked to the writer that it was a silly business to tinker with such an old structure, that it would have been wiser to have torn it down

and built anew, in modern fashion. To have done so would have been, not only to destroy a priceless monument, but to have scrapped a thoroughly useful building as well. Most of us are glad that the view of this Trustee did not prevail.

As a matter of fact the Bulfinch was built to endure. It has already outlived a number of younger buildings and it may outlive them all. Its thick stone walls rest on terra firma and its foundations find solid support but a few feet below the surface of the ground. The White Building, by contrast, was erected on what had been, not land, but water, and to get adequate support for that weighty structure the engineers had to sink concrete piles to depths as great as 72 feet from the surface.*

The transfer of the Surgical Services to the White Building a year and a half ago, which Dr. Churchill has described in a previous issue of the BULLETIN, left the Bulfinch free for further development in the equipment, paraphernalia and housing of the Medical Services. It is the purpose of the present writing to state how this opportunity has been utilized.

In the first place it will be a comfort to those of a geographical turn of mind to know that, at last, the East Medical Service is in the east end of the building and the West Medical in the west end, instead of being one above the other as for many years past.

The present modest remodelling of the building involves no increase in bed capacity. Rather it is a rearrangement for more effective service. The architectural problem

*We are not suggesting by this comparison that Matthew VII, 24-27, is applicable in this connection. Doubtless the engineers have taken care that it is not. However, it does, somewhat naturally, come to mind.

was a somewhat unique one. Instead of planning a building *de novo* best to meet a certain purpose, it was one of making the best use of existing space. Every nook and cranny of the building, from cellar to roof, has been used for something. If the wards may be said to occupy the building's chief body cavities, research laboratories and offices fill its interstitial spaces. One might suppose the result of this might be chaos. Quite the contrary, it is rather that research laboratories are in very close proximity to the wards from which they get material, and the result of chance has turned out as well, or perhaps better, than would that of careful planning. There is something to be said for the improvement of quarters through the method of living in them.

The actual reassignment of space is as follows. On the ground floor in the West Wing one finds the Metabolism and Heart Laboratories, in far pleasanter and more adequate quarters than they have ever had before. They are also easily accessible to patients who in considerable numbers are obliged to visit them. In the East Wing on the ground floor, as since 1924, there is the ten bed research ward (Ward 4) and certain of the research laboratories and most of the offices of the full-time medical staff.

The four open wards of the East and West Medical Services occupy the second floor. Adjacent to them there is for each service an adequate laboratory for house officers and another for students. The number of beds in the open wards has been reduced, in order that each patient may have more space. This is a great improvement, both from the point of view of the patient's comfort and of ease of making ward rounds, as well as from the sanitary aspect. The four medical open wards are old fashioned in appearance, perhaps, but they are cheerful and attractive and their facilities are thoroughly modern. They could not be better, save in a few nonessentials, in a building erected today. Indeed, styles in hospital architecture change so frequently that one may guess that after

a passage of years, like Sir Roger de Coverley's coat, the Bulfinch may be back in the very latest fashion. When the Brigham Hospital was built, a generation ago, the pavilion style was the rage. Now that style has been discarded for the skyscraper with cruciform cross section. But will either of these outlast the Bulfinch style? Time alone will tell, and in the meantime, the Medical Staff is very content with its venerable, yet modern edifice.

In the center of the second floor, that is to say, directly behind the pillars of the portico, the room which once was the Treadwell Library, has been made into a staff room, beautifully designed by Mr. Henry R. Shepley, in the complete spirit of Bulfinch. A mantlepiece, formerly in the old Treadwell and taken by Dr. Algonon Coolidge to 198 Beacon Street, in 1925, when the space was made into a ward for children, was given back by Mrs. Coolidge and is now installed in its original locus. Most appropriately, a portrait of Edsall hangs over it, the gift of his friends of the staff. The room is being used as a place of meeting for the staff and as a repository for its heirlooms. Behind this new staff room, a good class room has been provided.

The third floor, East Wing and Center, houses the Psychiatric Service, of which Dr. Stanley Cobb is Chief. There are eighteen beds in these quarters, of which three are set apart and equipped to care for disturbed and violent patients. There are also offices for the full-time psychiatrists and an excellent suite of research laboratories. This juxtaposition in the Bulfinch of General Medicine and Psychiatry is an especially fortunate one. It permits excellent integration of the work of these services, both with respect to the care of patients and also with regard to the education of house staff and students and research. Medically, at least, the body and mind of man are one, and must be cared for together if best results are to be achieved.

The third floor of the West Wing houses a twenty-bed, small room ward for both East and West Medical Services. This

ward, primarily for the sicker patients, provides some opportunity for isolation, although, for contagious cases the Medical Services have access to an all hospital isolation ward on the top floor of the White Building. This ward makes up the total of medical beds to what it was before the shift—100.

The attic, or fourth floor, is entirely devoted to offices and research laboratories. The Brain Wave Laboratory, particularly, has acquired quite sumptuous quarters. This laboratory is the proud possessor of what is probably the best brain wave equipment in the country, the gift of Dr. Alfred L. Loomis, of Tuxedo Park, New York.

The cellar contains a few more offices, an enlarged photographic laboratory, some space for graduate students and, until the

Children's Medical Service gets a building of its own (for which funds are in hand), the research laboratories of this service.

Thus the Bulfinch becomes an effective and well ordered whole for the care and study of medical and psychiatric patients, and for teaching. It provides for the coordination of the medical and psychiatric approach. Its informal and somewhat haphazard arrangement is rather conducive, than otherwise, to that intimacy and frequency of contact between workers which is most likely to be stimulating and productive. Within its walls, teacher and student, investigator and practitioner, persons with various skills exchange ideas with complete freedom, to the end that the patient may get the best care, and that the most possible can be learned from his case.

The Harvard Field Trip to Halifax, Nova Scotia

JOHN H. DINGLE, '39

At eight o'clock on the morning of January 27, ten of us met in Building D of the Medical School en route to Halifax, Nova Scotia. We had been organized by Dr. J. Howard Mueller, Associate Professor of Bacteriology and Immunology, who had learned that epidemics of diphtheria, meningococcus meningitis and scarlet fever were constituting a serious problem in that city. Dr. Mueller's knowledge of Halifax, where he is a summer resident, made him keenly aware of the opportunities for investigation of these diseases, as well as for rendering aid to a community whose health is vital to wartime Canada. Most of us that morning had little idea of how interesting and profitable the trip would be.

We left the East Boston airport in a Lockheed ten passenger transport plane. In addition to Dr. Mueller, the group consisted of Dr. L. D. Fothergill, Dr. E. B. Schoenbach, Dr. S. M. Wheeler, Dr. Lewis Thomas, Miss P. M. Miller, Miss Jane Hinton, Miss A. M. Galligan, Mrs. Beryl

Thomas and the writer. Mrs. Anna Kling had left the preceding night by train. The high point of the flight came at the end of the journey when, because of the war, black curtains were lowered as we approached Halifax and we experienced what for us was a "blind" landing—the sensation of banking, descending and landing without any external sensory points of reference. As we stepped out of the plane we were met by Dr. Allan R. Morton, the City Health Officer, and a military guard with fixed bayonets and open-holstered revolvers—the first evidence that we were in a country at war.

During the next two days, after paying our respects to the City, University and Provincial authorities, we attempted to become acquainted with the local health problems. The civilian population of the city, normally about sixty thousand people, had almost doubled since the war began due to the increase in maritime activities. Military forces, both permanent and transient, had

further taxed the city's accommodations. Conditions of crowding, in peace time comparable with those of other similar seaports, had become intensified. Added to these factors was the very limited use of prophylactic immunization in previous years. Hence the stage was set for the epidemic spread of disease.

Offices and laboratories were very kindly placed at our disposal in the buildings of the Dalhousie Medical School and Provincial Public Health Laboratory. We were temporarily appointed to the medical staff of the City Health Department, and given practically a free hand in the Infectious Disease Hospital. While Dr. Mueller and the technical staff set up the laboratory, the rest of us, under Dr. Wheeler's direction collected the epidemiological data necessary for an appraisal of the course

of each of the epidemic diseases, secondary attack rate, contacts, etc. The prize case in the contact study was one of Dr. Thomas's patients, who when asked, "How many other people sleep in your bedroom?" responded after slight thought, "106." He was a lumberjack.

Diphtheria was epidemically the most serious of the three diseases. Beginning in September, the number of new cases increased to a peak in November, declined during December, and again rose to approximately 28 cases per week during January and February, giving a total of more than 600 cases (450+ civilian and 170+ military cases) by March 1. Bacteriologically and clinically, the disease was of the "gravis" type, although the response to antitoxin was excellent in those patients receiving early treatment. The mortality



MEMBERS OF THE HALIFAX EXPEDITION

Left to right: Dr. Lewis Thomas, Mrs. Beryl Thomas, Dr. E. B. Schoenbach, Miss P. M. Miller, Dr. J. Howard Mueller, Miss Jane Hinton, Dr. L. D. Fothergill, Miss A. M. Galligan, Dr. J. H. Dingle, Dr. Allan R. Morton, Dr. S. M. Wheeler

was low, 18 deaths occurring in the civilian group. This "gravis" form of diphtheria, which is well known in Europe, has not previously been seen in epidemic form on this continent. Epidemiologically, the evidence indicated that the "gravis" organism was introduced by sailors from Norwegian whaling ships. Throughout the epidemic, concentration of the cases was greatest along the waterfront—the district most readily accessible to carriers from ships, as well as being the slum area where congestion and overcrowding were greatest.

The magnitude of the control problem was indicated to some extent by the following facts: (1) 30 percent of the patients were over the age of 20 years, suggesting a relatively high susceptibility in the adult population; (2) the carrier and secondary case rates in families were extremely high; and (3) the carrier rate in samples of the general population varied from approximately 5 percent (adults) to 20 percent (grade school children). Limitation of facilities prevented isolation of contacts and carriers other than by home quarantine, so that a campaign for widespread immunization was carried out in the hope of immunizing at least three-fourths of the population.

Meningococcus meningitis is typically a disease of crowding, as indicated by the present status of this infection in England, where 12,500 cases occurred during 1940. Our suspicions that the infection in Halifax might have been introduced from England were not confirmed, however, since the first cases reported came from western Canadian troop trains in April, 1940. Sporadic cases continued in the military forces and the disease finally established itself in the civilian population in November, 1940. A total of 93 cases had occurred by March, 1941, but in no instance were multiple cases in a family reported. Clinically the disease was characteristic, and bacteriologically the infecting organism was found to be the Type I meningococcus. We were able to determine that Dr. Mueller's simplified medium was satisfactory for primary isolation of the organism and

that sulfadiazine was effective in therapy. In addition, material was obtained for further study here in Boston in the hope of elucidating the manner of epidemic spread and the role of immune mechanisms in recovery from the infection.

The problems presented by scarlet fever were chiefly related to the size of the epidemic and not to the severity of the disease, which clinically was mild. By March 1 a total of about 500 cases was reached, most of which occurred during January and February. Particularly striking epidemiologically was the sharp upward curve in the military forces during the last of January and the first of February. The questions of release of patients, as well as of duration of quarantine for carriers and contacts, were immediately raised. In the hope of obtaining data to answer these questions, we determined the predominant types of hemolytic streptococci in the cases. Such information, for example, should then permit the immediate release of contacts harboring other types of streptococci—a procedure of obvious value in the military forces. Unfortunately the technical laboratory difficulties entailed prevented satisfactory practical application of this method. Further study of technics is now being carried on by Dr. Mueller, Dr. Wheeler and their associates. This problem is of considerable importance to us in this country, since scarlet fever has already appeared in our own military camps.

We left Halifax at the end of a month, each of us feeling that the trip had been extremely valuable. Individually and collectively we were able to be of some help to the staffs of the Halifax hospital, clinics and Laboratory. Considerable material for our own investigative work was obtained. And finally, we observed at close quarters the peculiar impact of war on the health and social structure of a seaport community, and obtained some insight into those problems which must be solved before intelligent control of communicable disease will be achieved in this country under civilian and military regimes.

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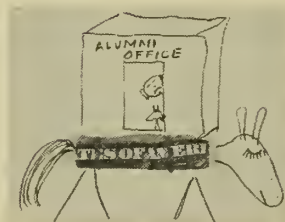
*Room 108, Harvard Medical School
 Boston, Mass.*

TREASURER'S THANKS

In January an appeal for contributions was sent to each member of the Harvard Medical Alumni Association. The response of the members to this appeal has been gratifying and the Treasurer wishes to take this opportunity to express thanks to all those who have contributed.

To date gifts have been received from 850 men. This is an increase of a little more than 100 over the total number of contributors last year, and represents 17% of the membership of the Association. So far gifts totalling \$3,244.67 have been received. This is the largest amount that has been received from the alumni by the Association in any single year.

MARSHALL K. BARTLETT,
Treasurer



These sketches, particularly valuable because of a dollar bill attached to each, were sent in by James H. Sterner, '32, in response to our appeal for funds—for the support of the BULLETIN, maintenance of the Alumni Office and judicious assistance to the Medical School. (Ed.)

LETTER TO THE EDITOR

To the Editor:

In the January issue of the BULLETIN I read with much interest, under the title, "A Notable Memento of Oliver Wendell Holmes," an account setting forth the presentation of a silver cup on the occasion of his 80th birthday, August 29th, 1889.

In an old scrap-book I have found a clipping, from a Boston newspaper, which gives the following account of a similar presentation of a "Loving Cup" to the beloved Professor; a gift from his students of the H. M. S., on the occasion of "his final bow," December 1st, 1882.

This may have escaped perpetuation and in any event it should be of interest which induces me to submit it to you.

"Dr. Oliver Wendell Holmes

A characteristic letter acknowledging the gift of the senior medical class.

A week ago Dr. Oliver Wendell Holmes gave a farewell lecture to the students of the first class in the Harvard Medical School. Many members of the medical faculty and of the upper classes, beside a number of outsiders, were present. The occasion of the final bow of so distinguished a professor was full of interest, but at Dr. Holmes' special request no report of it was made. The first year students wishing to give their teacher some tangible proof of their esteem, presented him, through Mr. George H. Washburn of Middleborough, a loving cup with the inscription:—

"Joy crown thee, love bless thee, God speed thy career!"

TO

Oliver Wendell Holmes

From

His last Class

in the

Harvard Medical School

November 28, 1882

At the time Dr. Holmes expressed his thanks with deep emotion, and said that it was best for him, like the character in the Greek tragedy, to veil his face and be silent. Yesterday he sent the following letter to his pupils:—

To the first class in the Medical School of Harvard University:

My friends, lately my pupils,—Your beautiful gift was so complete a surprise to me that it produced a sudden attack of speechlessness; I lost my whole vocabulary of gratitude. But I

feel sure that you did not mistake aphasia for acardia. My heart was in its right place, though my tongue forgot its office. It throbs warmly as I thank you for this precious and lasting token of your kind feelings towards me. The cup seemed empty to those who look into its glittering hollow, but it was full for me of a richer cordial than the wine-presses of royal vineyards could express, than the alembics of the Grand Chartreuse could distill.

This gift, of priceless value to me, and to those who come after me, will meet another and similar one, of ancient date, which has come down to me as an heirloom in the fifth generation from its original owner. The silver tea-pot which serves the temperate needs of my noontime reflection has engraved upon it, for armorial bearings, three nodules, supposed to represent the mineral suggesting the name of the recipient; the three words *Ex Dono Pupillorum*, and the date 1738. This piece of silver was given by his Harvard College pupils to the famous tutor, Henry Flynt, whose term of service, fifty-five years, is the longest on the College record. Tutor Flynt was a bachelor, and this memorial gift passed after his death to his niece, Dorothy Quincy, who did me the high honor of becoming my great grandmother. Through her daughter and her daughter's daughter it came down to me, and has always been held by me as the most loved and venerated relic which time had bequeathed me. It will never lose its hold on my affections, for it is a part of my earliest associations and dearest remembrances.

But this loving-cup, which comes to me not by descent, but as a testimony that my own life as a teacher has not been unvalued, but thought deserving of such an enduring memorial, must hereafter claim an equal place in my affections with that most prized and cherished of all my household possessions. I hope that when another hundred and fifty years have passed away, some descendant of mine will say, as he lifts this cup and reads the name it bears, "He, too, loved his labor and those for whom he labored and the students of the dead nineteenth century remembered their old teacher as kindly, as gracefully, as generously, as the youth of the earlier eighteenth century remembered old Father Flynt, the patriarch of all our Harvard tutors."

Farewell, my young friends, and may the blessings I invoked for one whom I loved, and which you have asked for me in my own words, be upon you all in the path you are entering until it ends at the open portals of a brighter and happier world!

Thankfully and faithfully,

Your friend and late instructor,

OLIVER WENDELL HOLMES."

December 1, 1882.

In this connection may I record for you that, in my time, 1890 to 1893, there were many stories in circulation in the anatomy classes concerning this grand old man; all witty and of various shades, tending somewhat to the Rabelaisian, (it may be recalled that Rabelais also studied and practiced medicine). I remember that the knot of muscles centering between the scapulae was known to us, possibly only locally, as the "Stella nucae Holmesii" (probably my spelling is faulty but you will be able to rectify it). Also that a heckling student once in open class asked him, "where does the duct of the spleen empty" and the Doctor instantly replied, "at the bifurcation of the anus." Again the professor liked to inquire, "what is the longest muscle in the human body?" the reply being the sphincter vaginae; however it was never given as the students knowing beforehand the pleasure it gave him always allowed him to explain, "it is the longest because it surrounds the whole of creation."

It is with pleasure that I recall the many times we saw the Doctor walking down Boylston Street past our school building at 688.

AMMEN FARENHOLT, '93,
Rear Admiral, M.C., U.S.N.

San Diego, Calif.

To the Editor:

The graduates of the Harvard Medical School in New York are increasing and have been showing a greater interest in coming together for the dinners during the year. Not only have there been a number of older men coming to New York City to take responsible positions, such as Philip Wilson at the Hospital for the Ruptured and Crippled; Tracy Putnam at the Neu-

rological Institute; Karl Bowmann at the Psychopathic Division of Bellevue Hospital; but also there has been an increase in the number of recent graduates coming for internships in New York hospitals. For instance, at our last dinner a group of five internes came from Roosevelt Hospital. On the Second Medical (Cornell) Service at Bellevue, out of a large number of applicants for four interne positions, nine were retained for final consideration, of whom four were Harvard men, and of the four appointees two were Harvard men. The resident is also a Harvard man—so we are going along very well.

At our last dinner in February, when Philip Wilson spoke, we had one hundred members and guests. Wilson gave a most interesting talk on the nature of the bombing and the medical problems presented thereby during his stay in England. We will have another dinner in the spring, and if any of you up there are in this vicinity I hope you will attend.

WILLIAM H. LEWIS, JR., '26

MEDICAL SCHOOL AWARD

The Henry Ashbury Christian Prize, one of the outstanding honors at the Harvard Medical School, has been awarded to John William Raker, of Kutztown, Pa., a fourth-year student. Raker graduated from Bucknell University in 1937.

The prize is awarded to "the student in the fourth-year class who has displayed diligence and notable scholarship and offers promise for the future." The award was established in 1937 in honor of Dr. Henry A. Christian, Hersey Professor of the Theory and Practice of Physic, Emeritus.

MEDICAL SCHOOL NOTES

The Harvard Dental School, established in 1867, was the first dental school to be an integral part of a university. The Harvard School of Dental Medicine, the first class to be admitted in the autumn of 1941, offers a combined course in medicine and dentistry leading to the degrees of M.D. and D.M.D. It should interest alumni to learn some of the facts which have led Harvard to take the important step of making the M.D. degree a pre-requisite of the D.M.D. degree. It is not a revolutionary plan but is the outgrowth of thoughts put forward by wise dental educators for some time past. The following is a statement recently released by the Council on Dental Education of the American Dental Association:

"All instruction should recognize the now indisputable and challenging fact that the content and procedures of dental education should presuppose that adequate dental service must serve biological ends. It is therefore essential that students acquire understanding and appreciation of oral and systemic relations in both health and disease; of the biologic significance of restorative and replacement procedures; and of the interdependence of the dentist and the physician in meeting health needs."

President Conant in his annual report stated that at the present time only about twenty per cent of the population receive adequately dental attention, and that the 70,000 or more dentists in this country can not handle all of the immediate dental needs of the population. As the dental health of the country advances, improved preventive methods and therefore an expanding research program are necessary. The new plan is not to train men to be good investigators and poor dentists, but to train men primarily to be good dentists and also to have the knowledge and capabilities to be leaders in their profession and to have the breadth of vision to plan research in the field of preventive dentistry.

The requisites for admission to the Harvard School of Dental Medicine are the same as for Harvard Medical School. For the present only fifteen candidates a year

will be admitted as opposed to the thirty-odd in each class now in the Harvard Dental School.

Students in the new course will register, for each of the five years, in both the School of Dental Medicine and the Medical School. The curricula of these two schools have been combined and interdigitated. Certain courses are recognized as appropriate training for the M.D. degree, and certain courses in medical subjects as appropriate for the D.M.D. degree.

A national scholarship is already being offered to candidates to the Harvard School of Dental Medicine. This carries an annual stipend of \$100 to \$1,000 for five years if an honor record is maintained. It is offered to third and fourth year students in colleges of Ohio, Indiana, Illinois, Michigan, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, North and South Dakota.

A new name on the faculty of the School of Dental Medicine is Dr. Joseph W. Ferrebee, Assistant Professor of Dental Medicine. Dr. Ferrebee was graduated from the Medical School in 1934, and is at present in the Department of Medicine at Columbia. He has made contributions in the field of salt and water metabolism as influenced by vitamins and hormones and is well qualified to carry forward investigation in the field of preventive dentistry.

* * *

One of the most important problems which confronts us in the crisis today is to establish the proper balance between our "all-out" defense plans and the maintenance of a steady supply of well-trained young physicians and dentists and the protection of the health of the public. The new School of Dental Medicine is an example of progress made in spite of immediate urgencies. It is not permissible here to describe the numerous efforts being made by Harvard to fit itself into the scheme of defense plans. Representatives of the School are actively working to secure a continued supply of well-qualified doctors for defense and for the public benefit.

It is a matter of common knowledge that our President, James B. Conant, is now in England upon a scientific survey. Philip D. Wilson, '12, it will interest his former colleagues and students to know, has returned from the American Hospital in Britain. Charles Bradford, '31, was in charge of the hospital for the twenty-five days' interim between the time Dr. Wilson left and the new chief, Dr. Wallace Cole, of St. Paul, took charge. Dr. Wilson has described the successful use of what might be called the "clean 'em up and seal 'em up" technique for wounded extremities with severe fractures. This technique was a development of a method devised by Dr. Orr, an American surgeon, and popularized during the Spanish War.

Dr. Gerald F. Houser, assistant director of the Massachusetts General Hospital, sailed about March 15 for England where he is to become superintendent of the American Red Cross—Harvard Hospital. Dr. John E. Gordon, director of both the hospital and the public health unit, is in England working upon this project in collaboration with the British Ministry of Health. He is accompanied by Dr. John R. Mote and Dr. Paul B. Beeson, both members of the teaching staff of Harvard Medical School. Much of the equipment of the unit is already on its way.

In this issue of the BULLETIN, Dr. Dingle describes the profitable expedition to Halifax under the leadership of Professor Mueller to study the prevailing epidemics of diphtheria, meningitis and scarlet fever.

* * *

The following are newsworthy items, which deserve much larger treatment if space only permitted: Dr. Walter B. Cannon has just returned from California where he held for the month of February the Charles M. and Martha Hitchcock Professorship of the University of California. Before that time, he and Mrs. Cannon visited in Florida. Chester M. Jones has been spending some months in Nashville, Tenn., where he is taking tem-

porarily Dr. John Youmans' place as Associate Professor of Medicine. Dr. Youmans is in France. Contributions for the Smith Owen Dexter Memorial Bookshelf have been very generous. The books now being chosen for this library are those especially needed by young men engaged in medical investigative work. The basement of the Burnham Building of the Boston City Hospital has been arranged attractively for the use of the Harvard Medical Unit of the Boston City Hospital. The electrocardiographic laboratory is now housed here, and new quarters have been arranged for graduate students.

It is a pleasure to announce again that the students are not being neglected. A concert by the Stradivarius String Quartet in Vanderbilt Hall took place recently.

Dean Burwell recently received a stunning surprise. A Harvard Medical School alumnus wrote to him expressing his sincere appreciation for all that Harvard had done for him and enclosed a check for the entire amount of money he had received from scholarships while a student here. His name: Euclid P. Ghee, '27. The idea is worth imitating.

WILLIAM E. LADD, '06

William E. Ladd, clinical professor of surgery at Harvard Medical School, has been named the first incumbent of the William E. Ladd professorship of surgery. The new chair was recently endowed by a group of friends of Dr. Ladd and named in recognition of his contributions to the field of surgery in children. He has been clinical professor at the Medical School since 1931.

WILLIAM T. SALTER, '25

William T. Salter has been appointed professor of pharmacology, Yale University School of Medicine. Dr. Salter will take up his active duties at Yale University at the end of the current year.

ARMY AND NAVY NEWS

1908

Colonel Lucius A. Salisbury is Division Surgeon, 27th Division, and commanding the 102nd medical regiment at Fort McClellan, Ala.

1913

Edward T. Wentworth is the Unit Director and Commanding Officer of Army General Hospital No. 19, an "affiliated unit" sponsored by the Rochester General Hospital, Rochester, N. Y. Wentworth is also chairman of the Medical Board and Chief of the orthopaedic service at the same hospital.

1914

Commander Wayland A. Morrison, MC-V(S) U. S. N. R., was recently assigned to Pearl Harbor, Hawaii.

1918

James B. Moloney's address is: U. S. S. Northampton, care of The Postmaster, San Pedro, Calif.

1920

Commander Gilbert E. Gayler's address is: U. S. S. Relief, San Pedro, Calif.

1925

Henry W. Hudson, Jr., has been granted a leave of absence from the Harvard Medical School for military service.

Robert S. Palmer, Lieut. Commander, U. S. N. R., is on active duty at Boston.

Benjamin Tenney, Lieut. Commander, U. S. N. R., is on active duty at Portsmouth, N. H.

1926

Francis J. Petrone writes, "Since April 15, 1940 have enlisted in the U. S. Naval Service as a medical officer. Hold commission of Lieut. Commander in the Medical Corps of the U. S. N. R. Stationed at present at the Naval Air Station, Quonset Pt., Rhode Island."

1927

James E. Fish, Major, Medical Corps., 26th Division P & T officer is busy coordinating and directing training activities of medical and personnel within the Division which at war strength constitutes approximately 1700 men. A daughter was born to Dr. Fish and Mrs. Fish on November 10, 1940.

Alexander Marble, Major, M. C., entered the Army for a year of active duty on January 10 and is at the Station Hospital, Camp Edwards,

Mass., where he is Chief of the Medical Service.

Ross Paul writes, "February 5 received orders to proceed February 14 for one year extended active army duty at Letterman General Hospital, San Francisco.

1928

Major E. David Liston recently reported for duty in the office of the Surgeon General, U. S. Army.

Ralph E. Fielding's address is: Fleet Marine Force, San Diego, Calif.

1929

The address of Capt. Gilbert T. Hyatt has been changed from Fall River to Fort Andrews, Mass.

1930

Richard Collins, Jr., Capt. R. O. T. C. Field Artillery, went to Fort Sill, Okla. in December for three months intensive training in field artillery. He expects to be in the service for a year.

Donald H. Daniels has been on active duty with the U. S. N. R. since October, 1940. Daniels was certified in April, 1940 by the American Board of Internal Medicine.

Norman W. Thiessen, a member of the Army M. R., has been called to his post as 1st Lieutenant in the Medical Corps at Fort Bragg, N. C., where he is attached to the 60th Infantry. Thiessen has been practicing general surgery in Cleveland but has now closed his office. He formerly served for five years on the staff of the Mayo Clinic.

1931

Walter Garrey, Lieut., U. S. N. R., is on active duty at Chelsea Naval Hospital, Chelsea, Mass.

1933

Jared Y. Garber is now on active duty as a Captain in the U. S. Army. He is stationed at Camp Blanding in Florida.

1934

Joseph C. Edwards has received an appointment as Major, U. S. M. R., in the General Hospital No. 21 formed at Washington University Medical School, St. Louis from the former Base Hospital 21. He is continuing clinical studies of pneumonia and renal factors associated with hypertension and doing some private practice.

1935

Dale G. Friend has been granted a leave of absence from the Harvard Medical School for military service.

Henry McC. Greenleaf was promoted to Captain, July 1 and transferred to Fort Benning, Ga.,

September 9. He is now at Camp Blanding, Fla. Greenleaf writes, "All my work has had to be administrative and tactical since the army expansion started. Still single."

John H. Grindlay has finished a four year fellowship in general and experimental surgery at the Mayo Foundation. He has volunteered for a year of active duty in the army medical corps and been assigned to Walter Reed General Hospital, Washington where he is doing general surgery.

1936

Robert L. Griffith's address is: U. S. Marine Hospital, New Orleans, La.

Thomas C. Worth, 1st Lieut., M. C., is at Station Hospital, Fort Bragg, N. C. Worth was married January 4 to Miss Barbara D. Luther of Olean, N. Y.

1937

John A. Booth is in the Air Office, Fort Hayes, Columbus, O.

William E. White, 1st Lieut., M. C., has been ordered to active duty with the Army and is at the Station Hospital, Fort McClellan, Ala.

1938

Philip V. Harrington who has completed his internship at the Worcester City Hospital is now a 1st Lieut. in the Medical Corps of the 181st Infantry, 26th Division, located at Camp Edwards, Mass.

Hunt B. Jones who has been doing rural general practice in Eminence, Ky., since July, 1940, has been ordered to report for active duty on April 7, with the Second Marine Division, Fleet Marine Force, Marine Corps Base, San Diego, Calif. He holds a commission as Lieutenant (j. g.) in the U. S. N. R.

Ernest B. Oliver's address is: Reception Center, Camp Shelby, Miss.

Edward L. Smith writes, "Interrupted a 5 months appointment in infectious diseases at Charles V. Chapin Hospital, Providence, to assume active duty as Lieutenant at the Marine Barracks, Quantico, Va., March 17. Received Naval commission in February."

1939

John F. Roach's address is U. S. S. Lexington, San Pedro, Calif.

REUNIONS

Tentative plans have been made for the following class reunions. Further details may be obtained from the class secretaries listed below. A complete reunion program will be published in the June issue of the BULLETIN.

CLASS OF 1901

Reunion to be held June 13. Horace Binney, Sec., 65 Green St., Cambridge, Mass.

CLASS OF 1906

Reunion date not set. J. Herbert Young, Sec., 66 Commonwealth Ave., Boston.

CLASS OF 1911

Reunion to be held June 19. J. H. Means, Sec., Massachusetts General Hospital, Boston.

CLASS OF 1916

Reunion to be held June 13 and 14. Thomas R. Goethals, Sec., 475 Commonwealth Ave., Boston.

CLASS OF 1926

Reunion will be held in the fall during the meeting of the American College of Surgeons at Boston.

CLASS OF 1931

Reunion will be held on April 25 at 7 o'clock at the Harvard Club. John P. Hubbard, 319 Longwood Ave., Boston, in charge of arrangements.

CLASS OF 1936

Reunion will be held on June 7. Bernard Todd, Sec., 1 Monument Sq., Beverly, Mass.

ANNUAL MEETING AND DINNER

The annual Meeting and dinner will be held at the Hermit Club, Cleveland, on Wednesday, June 4, at seven o'clock. Dean Burwell and Dr. Philip Wilson will be among the speakers. Complete details will be sent all members of the Harvard Medical Alumni Association early in May.

25TH ANNUAL SESSION OF THE AMERICAN COLLEGE OF PHYSICIANS

During the week beginning April 21 the 25th Annual session of the American College of Physicians will be held in Boston with general headquarters at the Hotel Statler. In general the program is as follows: hospital clinics and lectures in the mornings followed by general discussions; general sessions in the afternoons; and a variety of entertainment in the evenings, including a Symphony Concert on Tuesday, April 22, and the annual banquet on April 24. Detailed information can be obtained from Dr. William B. Breed, 264 Beacon St., Boston, Chairman of the Committee on Arrangements.

